

New Jersey Department of Health and Senior Services
Office of Emergency Medical Services

**AMBULANCE SURVEY REPORT:
ADVANCED LIFE SUPPORT (TRANSPORT)**

- | | |
|------------------------------------|---|
| <input type="checkbox"/> Annual | <input type="checkbox"/> Original |
| <input type="checkbox"/> Ambulance | <input type="checkbox"/> Emergency Response |
| <input type="checkbox"/> MICU | <input type="checkbox"/> SCTU |

Full Provider Trade Name (as on the provider application/license)		License Plate No.	Vehicle Rec. No.
Name on Vehicle		VIN Number	Survey Date
<input type="checkbox"/> READY FOR LICENSE <input type="checkbox"/> NEEDS RESURVEY			
Name of Surveyor (Print)		Signature	Date
Re-survey Date #1	Vehicle Mileage	Re-survey Date #2	Vehicle Mileage
Re-survey Date #3	Vehicle Mileage		

- GENERAL VEHICLE STANDARDS**
- Yes No
- ☐ ☐ Application and check or money order received.
Model Year _____ Mileage _____
- ☐ ☐ Valid NJ DMV Reg. - Exp: _____
- ☐ ☐ Valid Insurance card - Exp: _____
- ☐ ☐ Correct license plates & current valid DMV Expiration:
- ☐ ☐ Tires do not show signs of abnormal wear
- ☐ ☐ If gas, is exhaust system free of loose, or leaking joints, holes, leaking seams or patches
- ☐ ☐ Tail pipe extends beyond vehicle body and is not pinched or damaged
- ☐ ☐ All seats have approved automotive lap best type seatbelts
- ☐ ☐ Glazing / plastic free of cracks, sharp edges and discoloration
- ☐ ☐ Heater - A/C Heating or Cooling adequately
- ☐ ☐ All door and window gaskets in good condition and free of cracks, cuts or other damage

- VEHICLE MARKINGS**
- Yes No
- ☐ ☐ Trade name on each side at least 4" high as it appears on the provider's license
- ☐ ☐ Rec. # on each side and rear and at least 3" high (1 to 6 characters)
- ☐ ☐ Mirror image of word "Ambulance" on front at least 4" high with 3" Star of Life on each side of word
- ☐ ☐ 16" Star of Life on each side. 12" Star of Life on rear; translucent or cut out, if on windows
- ☐ ☐ 6" word "Ambulance" or "Emergency Medical Services" on each side
- ☐ ☐ No smoking signs in patient and driver's areas
- ☐ ☐ No unauthorized wording or markings on vehicle
- ☐ ☐ All MICU vehicles markings comply with N. J. A. C. 8:41-9.7(a)1-5

- GENERAL EQUIPMENT**
- Yes No
- ☐ ☐ All items stored in a crashworthy manner
- ☐ ☐ Positive locks on all cabinets and bench seats
- ☐ ☐ "Pediatric Assessment Chart" posted in pt. area
- ☐ ☐ Succinct list of cabinet contents on cabinet door
- ☐ ☐ No wheel chairs carried on vehicle

- STANDARD SAFETY EQUIPMENT AND WARNING DEVICES**
- Yes No
- ☐ ☐ Vehicle equipped with emergency warning lights and a siren
- ☐ ☐ Three portable red reflective emergency road triangles or three battery operated flashers
- ☐ ☐ One working flashlight; two "D" cell size or larger
- ☐ ☐ One fire extinguisher rated 2A10BC or 3A40BC, fully charged or with current inspection tag
- ☐ ☐ Extinguisher safely mounted in vehicle

- SANITATION**
- Yes No
- ☐ ☐ Patient/storage areas and patient care equipment clean, free of stains, deposits and odors
- ☐ ☐ Floor and seats made of impervious material and free of tears, cracks etc.
- ☐ ☐ Clean blankets, linen, pillow and mattress replacement linen on vehicle
- ☐ ☐ Plastic bags or covered containers shall be provided for all soiled supplies
- ☐ ☐ Vehicle equipped with a trash receptacle

- EMERGENCY RESPONSE AND PATIENT ACCESS EQUIPMENT**
- Yes No
- ☐ ☐ Spring-loaded center punch, 1 prying level "crow bar" and an automotive safety belt cutter
- ☐ ☐ 1 standard flat head and 1 Phillips type screwdriver
- ☐ ☐ At least 2 protective multi-use jackets and 2 sets of gloves, head and eye protection for required staff. (Long term care facility response only is exempt.)
- ☐ ☐ Automated External Defibrillator (AED)
- ☐ ☐ DOT HazMat Guidebook and a copy of the EMS annex of the local emergency operations plan
- ☐ ☐ 50 Triage tags, "METTAG" type
- ☐ ☐ Spotlight, handheld optional
- ☐ ☐ 5 nasopharyngeal airways in assorted sizes and a water soluble lubricant

AMBULANCE SURVEY REPORT: ADVANCED LIFE SUPPORT (TRANSPORT), Continued

Vehicle Rec. No.		Survey Date
PATIENT COMPARTMENT DIMENSIONS AND REQUIREMENTS Yes No <input type="checkbox"/> <input type="checkbox"/> Manufactured after April 30, 1986 <input type="checkbox"/> <input type="checkbox"/> Manufacturer certifies vehicle to meet current KKK-A-1822 specifications <input type="checkbox"/> <input type="checkbox"/> Height at least 54" at or near center; length at least 116" <input type="checkbox"/> <input type="checkbox"/> Width at least 56" when measured at 52" above floor (include cabinets) <input type="checkbox"/> <input type="checkbox"/> Patient compartment distinctly separated from driver's compartment by bulkhead <input type="checkbox"/> <input type="checkbox"/> Patient compartment has both curbside and rear doors <input type="checkbox"/> <input type="checkbox"/> Each door equipped with auto manufacturer installed door handles <input type="checkbox"/> <input type="checkbox"/> Each door can be unlocked and opened from the inside and outside <input type="checkbox"/> <input type="checkbox"/> Each doorway opening at least 28" wide by 44" high <input type="checkbox"/> <input type="checkbox"/> Each door has a window; rear windows fixed and non-opening <input type="checkbox"/> <input type="checkbox"/> Attendant seat at head or side of stretcher <input type="checkbox"/> <input type="checkbox"/> Bench seats shall have a passive barrier at the forward end of the bench on all vehicles manufactured after July 1, 2002 <input type="checkbox"/> <input type="checkbox"/> Working interior lights in patient area <input type="checkbox"/> <input type="checkbox"/> Minimum 10" aisle between stretcher & bench seat STANDARD PATIENT TRANSPORT DEVICES, SPLINTS AND RELATED EQUIPMENT Yes No <input type="checkbox"/> <input type="checkbox"/> Adjustable wheeled litter with min 2" mattress <input type="checkbox"/> <input type="checkbox"/> Portable stretcher. Reeves type / folding type or of the combination stretcher/stair-chair type (Reeves type required for emergency response.) <input type="checkbox"/> <input type="checkbox"/> Wheeled litter retention system complies with current AMD standard 004 <input type="checkbox"/> <input type="checkbox"/> Each litter and stretcher has proper patient restraint devices in number, type and positioning <input type="checkbox"/> <input type="checkbox"/> Inflexible impervious long spine board with runners <input type="checkbox"/> <input type="checkbox"/> Orthopedic (scoop) litter <input type="checkbox"/> <input type="checkbox"/> Head immobilization device <input type="checkbox"/> <input type="checkbox"/> Commercially available vest type upper spinal immobilization device (K.E.D. type) <input type="checkbox"/> <input type="checkbox"/> Lower extremity traction splint <input type="checkbox"/> <input type="checkbox"/> 6 Rigid cervical collars in at least 3 different sizes and 1 being pediatric <input type="checkbox"/> <input type="checkbox"/> 6 padded, impervious splints; various sizes <input type="checkbox"/> <input type="checkbox"/> 4 straps 2"x 9' or clip on type straps with accommodating long spine board or commercially available backboard restraint (Spider Straps-type) <input type="checkbox"/> <input type="checkbox"/> Portable Stairchair <input type="checkbox"/> <input type="checkbox"/> Federally-approved child restraint system (required on emergency response vehicle at all times)		OXYGEN SYSTEM(S), COMPONENTS AND AIRWAY SUPPLIES Yes No <input type="checkbox"/> <input type="checkbox"/> Installed system; min. 3000 liter capacity with attached handle or wrench. Cylinder controls shall be accessible from inside the vehicle <input type="checkbox"/> <input type="checkbox"/> Port system; min. 300 liter capacity, spare, full 300 liter tank and attached handle/wrench <input type="checkbox"/> <input type="checkbox"/> Each O ₂ tank has medical grade O ₂ , color coded green, current hydrostatic test date, is tagged "full," "in use," "empty" or have a pressure indicating gauge <input type="checkbox"/> <input type="checkbox"/> Each system has a regulator set to 50 psi <input type="checkbox"/> <input type="checkbox"/> All O ₂ retention systems comply with AMD standard 003 and KKK-A-1822 <input type="checkbox"/> <input type="checkbox"/> 3 transparent domed facemasks, 1 each: adult, medium adult, and pediatric; with 22 mm fittings <input type="checkbox"/> <input type="checkbox"/> 3 adult, single service non-rebreathing masks: <input type="checkbox"/> <input type="checkbox"/> 2 single service nasal cannulas <input type="checkbox"/> <input type="checkbox"/> 4 oral airways: (1) large adult, adult, pediatric and infant (all single use) <input type="checkbox"/> <input type="checkbox"/> BVM: (1) adult, pediatric and infant MEDICAL SUPPLIES AND OTHER PATIENT CARE EQUIPMENT Yes No <input type="checkbox"/> <input type="checkbox"/> Stethoscope, B/P cuffs (obese adult, adult, pediatric) <input type="checkbox"/> <input type="checkbox"/> 2 pen lights for patient Exam, Trauma or bandage scissors <input type="checkbox"/> <input type="checkbox"/> 2 cloth blankets and 2 cloth or disposable sheets (60" x 80") <input type="checkbox"/> <input type="checkbox"/> 4 towels, 12 cravats, 2 rolls of medical adhesive tape <input type="checkbox"/> <input type="checkbox"/> 2 sets of personal protection (gowns/masks) <input type="checkbox"/> <input type="checkbox"/> Respiratory protection masks that are effective in filtering airborne pathogens (N95 particulate type) <input type="checkbox"/> <input type="checkbox"/> 2 sets of eye protection; 1 box exam gloves; latex free items recommended, 4 red "biohazard" type bags <input type="checkbox"/> <input type="checkbox"/> 1 liter sterile saline (plastic container and current exp. date), 2 fluid ounces of glucose <input type="checkbox"/> <input type="checkbox"/> 4 sterile multi trauma dressings, 12 conforming roller bandages at least 3" x 5 yards, 24 sterile 4 x 4's <input type="checkbox"/> <input type="checkbox"/> 2 sterile burn sheets, 4 occlusive dressings or sterile aluminum foil <input type="checkbox"/> <input type="checkbox"/> OB kit containing 4 towels, 12 sterile 4 x 4s, 4 cord clamps, bulb syringe, 1 receiving blanket, 4 pairs of sterile gloves and contents listed on exterior of kit

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Vehicle Rec. No.		Survey Date
Yes	No	RADIO EQUIPMENT
<input type="checkbox"/>	<input type="checkbox"/>	Radio Check (UHF Telemetry)
<input type="checkbox"/>	<input type="checkbox"/>	UHF Portable Radio
<input type="checkbox"/>	<input type="checkbox"/>	Cell Phone
<input type="checkbox"/>	<input type="checkbox"/>	JEMS VHF
<input type="checkbox"/>	<input type="checkbox"/>	VHF Check
Yes	No	MISCELLANEOUS TRAUMA EQUIPMENT
<input type="checkbox"/>	<input type="checkbox"/>	Needle Chest Decompression Equipment
Yes	No	NEEDLES/SYRINGES/ADULT IV SUPPLIES
<input type="checkbox"/>	<input type="checkbox"/>	Sharps Container
<input type="checkbox"/>	<input type="checkbox"/>	Vacutainer Needles
<input type="checkbox"/>	<input type="checkbox"/>	Assorted Needles/Syringes
<input type="checkbox"/>	<input type="checkbox"/>	Blood Tubes
<input type="checkbox"/>	<input type="checkbox"/>	IV Tubing
<input type="checkbox"/>	<input type="checkbox"/>	IV Catheters
Yes	No	BIOMEDICAL EQUIPMENT
<input type="checkbox"/>	<input type="checkbox"/>	Monitor
<input type="checkbox"/>	<input type="checkbox"/>	Charger, Cables, Batteries
<input type="checkbox"/>	<input type="checkbox"/>	Defibrillator
<input type="checkbox"/>	<input type="checkbox"/>	External Pacemaker
Yes	No	PEDIATRIC EQUIPMENT
<input type="checkbox"/>	<input type="checkbox"/>	Spare Batteries and Bulbs
<input type="checkbox"/>	<input type="checkbox"/>	O ₂ Masks (Child and Infant)
<input type="checkbox"/>	<input type="checkbox"/>	BP Cuffs (Child and Infant)
<input type="checkbox"/>	<input type="checkbox"/>	Intraosseous Infusion Set
<input type="checkbox"/>	<input type="checkbox"/>	IV Catheters/Winged Infusion Sets
<input type="checkbox"/>	<input type="checkbox"/>	Laryngoscope/Assorted Sized Blades
<input type="checkbox"/>	<input type="checkbox"/>	Stylets
<input type="checkbox"/>	<input type="checkbox"/>	Paddles
<input type="checkbox"/>	<input type="checkbox"/>	ET Tubes (assorted sizes)
<input type="checkbox"/>	<input type="checkbox"/>	Electrodes
Yes	No	MISCELLANEOUS REQUIRED EQUIPMENT
<input type="checkbox"/>	<input type="checkbox"/>	Backup Meds and Supplies
<input type="checkbox"/>	<input type="checkbox"/>	Binoculars
<input type="checkbox"/>	<input type="checkbox"/>	Pulse Oximeter
<input type="checkbox"/>	<input type="checkbox"/>	Intravenous Infusion Pump
<input type="checkbox"/>	<input type="checkbox"/>	Blood Glucose Monitoring System (electronic/visual)
Yes	No	OPTIONAL EQUIPMENT
<input type="checkbox"/>	<input type="checkbox"/>	12 Lead EKG
<input type="checkbox"/>	<input type="checkbox"/>	EGTA
<input type="checkbox"/>	<input type="checkbox"/>	Adult and Pediatric Mast
<input type="checkbox"/>	<input type="checkbox"/>	Oxygen-powered Resuscitators ("demand valve")
<input type="checkbox"/>	<input type="checkbox"/>	A Time-Cycled Resuscitator (meets AHA requirements)
<input type="checkbox"/>	<input type="checkbox"/>	Doppler-type stethoscope
Yes	No	REQUIRED MEDICATION LIST
<input type="checkbox"/>	<input type="checkbox"/>	Adenosine
<input type="checkbox"/>	<input type="checkbox"/>	Atropine Sulfate
<input type="checkbox"/>	<input type="checkbox"/>	Calcium Chloride
<input type="checkbox"/>	<input type="checkbox"/>	Dextrose, 50 percent
<input type="checkbox"/>	<input type="checkbox"/>	Dextrose, 5 percent in water
<input type="checkbox"/>	<input type="checkbox"/>	Diazepam (Valium)
<input type="checkbox"/>	<input type="checkbox"/>	Diphenhydramine Hydrochloride (Benadryl)
<input type="checkbox"/>	<input type="checkbox"/>	Dopamine Hydrochloride
<input type="checkbox"/>	<input type="checkbox"/>	Epinephrine 1:1000 solution
<input type="checkbox"/>	<input type="checkbox"/>	Epinephrine 1:10000 solution
<input type="checkbox"/>	<input type="checkbox"/>	Furosemide (Lasix)
<input type="checkbox"/>	<input type="checkbox"/>	Lidocaine Hydrochloride
<input type="checkbox"/>	<input type="checkbox"/>	Magnesium Sulfate
<input type="checkbox"/>	<input type="checkbox"/>	Morphine Sulfate
<input type="checkbox"/>	<input type="checkbox"/>	Naloxone Hydrochloride (Narcan)
<input type="checkbox"/>	<input type="checkbox"/>	Nitroglycerine (excluding intravenous administration)
<input type="checkbox"/>	<input type="checkbox"/>	Normal Saline
<input type="checkbox"/>	<input type="checkbox"/>	Oxygen
<input type="checkbox"/>	<input type="checkbox"/>	Ringers Lactate
<input type="checkbox"/>	<input type="checkbox"/>	Thiamine
Yes	No	SELECTIVE MEDICATION LIST
<input type="checkbox"/>	<input type="checkbox"/>	Bretylium tosylate and/or
<input type="checkbox"/>	<input type="checkbox"/>	Procainamide Hydrochloride
<input type="checkbox"/>	<input type="checkbox"/>	Dextrose, 10 percent in water and/or
<input type="checkbox"/>	<input type="checkbox"/>	Dextrose, 25 percent in water
<input type="checkbox"/>	<input type="checkbox"/>	<i>At least one of the following:</i>
<input type="checkbox"/>	<input type="checkbox"/>	Albuterol solution for inhalation (Proventil)
<input type="checkbox"/>	<input type="checkbox"/>	Isoetharine solution for inhalation (Brochosol)
<input type="checkbox"/>	<input type="checkbox"/>	Metaproterenol solution for inhalation (Alupent)
Yes	No	ELECTIVE MEDICATION LIST
<input type="checkbox"/>	<input type="checkbox"/>	Activated Charcoal
<input type="checkbox"/>	<input type="checkbox"/>	Aminophylline
<input type="checkbox"/>	<input type="checkbox"/>	Acetylsalicylic acid (Aspirin)
<input type="checkbox"/>	<input type="checkbox"/>	Bumetanide (Bumex)
<input type="checkbox"/>	<input type="checkbox"/>	Dexamethasone sodium phosphate (Decadron)
<input type="checkbox"/>	<input type="checkbox"/>	Dextrose, 5 percent in water and normal saline 0.45 percent
<input type="checkbox"/>	<input type="checkbox"/>	Diltazem hydrochloride (Cardizem)
<input type="checkbox"/>	<input type="checkbox"/>	Dobutamine hydrochloride
<input type="checkbox"/>	<input type="checkbox"/>	Flumazenil (Mazicon)
<input type="checkbox"/>	<input type="checkbox"/>	Glucagon
<input type="checkbox"/>	<input type="checkbox"/>	Haloperidol (Haldol)
<input type="checkbox"/>	<input type="checkbox"/>	Heparin sodium
<input type="checkbox"/>	<input type="checkbox"/>	Ipecac syrup
<input type="checkbox"/>	<input type="checkbox"/>	Isoproterenol hydrochloride (Isuprel)
<input type="checkbox"/>	<input type="checkbox"/>	Lorazepam (Ativan)
<input type="checkbox"/>	<input type="checkbox"/>	Metoprolol tartrate (Lopressor)
<input type="checkbox"/>	<input type="checkbox"/>	Methylprednisolone sodium succinate (SoluMedrol)
<input type="checkbox"/>	<input type="checkbox"/>	Midazolam hydrochloride (Versed)
<input type="checkbox"/>	<input type="checkbox"/>	Nalbuphine hydrochloride

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